

Annex 1: Questionnaire provided to participants

Dear friend

We are currently carrying a questionnaire survey on diabetes. It is about your health and the things you do that may affect your health. The information you give will be used to develop better anti-diabetic health education programmes and resource materials for young children and adults.

Kindly fill in the questionnaire below. **All your answers or given information will be strictly confidential.** We thank you very much for your help.

Research team

Tick in the appropriate box (es) Serial No: 1

Section A: Personal Profile

Sex: Male Female

ii. Age: 36 years

iii. Marital Status: Married Single Divorced

iv. Religion/Ethnic Group:
Islam

v. Where do you live? 9A Patna St, Port-Louis

vi. Occupation: Education Officer

vii. Highest Qualification you have: Diploma Bio MIE

viii. Highest Qualification your parent(s) or guardian (s) have:
SC

Section B: Diabetes

1. Have you ever heard about **Diabetes**?

Yes No

2. From which of the following sources, have you heard/learnt about **Diabetes**?

- | | | | |
|---|-------------------------------------|--|-------------------------------------|
| <input checked="" type="checkbox"/> A. Parents | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> E. Television | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> B. Friends | <input type="checkbox"/> | <input type="checkbox"/> F. Internet | <input type="checkbox"/> |
| <input type="checkbox"/> C. Relatives | <input type="checkbox"/> | <input checked="" type="checkbox"/> G. School textbook | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> D. Newspaper/Magazines | <input type="checkbox"/> | <input type="checkbox"/> H. Radio | <input type="checkbox"/> |

Others, please specify _____

3. What did you learn from the above selected source (s)?

_____ Sugar appearing in urine _____

4. (i). Do you have diabetes?

Yes

No *

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

_____ **yrs**

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

(iv). Where is your diabetes controlled?

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

5. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

No *

6. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes *

No

(ii). If **yes**, how many members in your family have diabetes?

_____ One –mother _____

6. According to you, what is **Diabetes**?

_____ Increase blood sugar level _____

7. What are the signs and symptoms of **Diabetes**?

_____ Thirst _____

8. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

_____ Glucostix _____

9. Name the common drugs (medication) taken to treat **Diabetes**?

_____ Insulin
based _____

10. How can you prevent yourself from **Diabetes**?

_____ Exercising _____

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Tick in the appropriate box (es)

Serial No: 2

Section A: Personal Profile

i. Sex: Male Female

ii. Age: 35 years

Marital Status: Married Single Divorced

Religion/Ethnic Group:

Islam

Where do you live? 18 Municipality Street

Occupation: Administrative Clerk / Secretary

Highest Qualification you have:

SC

Highest Qualification your parent(s) or guardian (s) have: None

Section B: Diabetes

1. Have you ever heard about **Diabetes**?

Yes No

2. From which of the following sources, have you heard/learnt about **Diabetes**?

- | | | | |
|--|-------------------------------------|--|--------------------------|
| <input checked="" type="checkbox"/> A. Parents | <input type="checkbox"/> | <input checked="" type="checkbox"/> E. Television | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> B. Friends | <input type="checkbox"/> | <input checked="" type="checkbox"/> F. Internet | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> C. Relatives | <input type="checkbox"/> | <input checked="" type="checkbox"/> G. School textbook | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> D. Newspaper/Magazines | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> H. Radio | <input type="checkbox"/> |

Others, please specify _____

3. What did you learn from the above selected source (s)?

--- Bad effects. This disease cause to human health

4. (i). Do you have diabetes?

Yes

No *

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

_____yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

(iv). Where is your diabetes controlled?

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

5. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

No *

6. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

No *

(ii). If **yes**, how many members in your family have diabetes?

6. According to you, what is **Diabetes**?

Diabetes is excess of sugar in the human body that causes other serious sickness, etc...

7. What are the signs and symptoms of **Diabetes**?

Feeling dizzy very often, tiredness often, respiration not normal.

8. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

None

9. Name the common drugs (medication) taken to treat **Diabetes**?

10. How can you prevent yourself from **Diabetes**?

Control sugar

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Tick in the appropriate box (es)

Serial No: 3

Section A: Personal Profile

i. Sex: Male Female

ii. Age: 43 years

Marital Status: Married Single Divorced

Religion/Ethnic Group: _____

Where do you live? Port-Louis

Occupation: House-Wife

iv. Highest Qualification you have:

 SC

v. Highest Qualification your parent(s) or guardian (s) have:

Section B: Diabetes

1. Have you ever heard about **Diabetes**?

Yes No

2. From which of the following sources, have you heard/learnt about **Diabetes**?

<input type="checkbox"/> A. Parents	<input type="checkbox"/> E. Television	<input checked="" type="checkbox"/>
<input type="checkbox"/> B. Friends	<input type="checkbox"/> F. Internet	<input type="checkbox"/>
<input type="checkbox"/> C. Relatives	<input type="checkbox"/> G. School textbook	<input type="checkbox"/>
<input type="checkbox"/> D. Newspaper/Magazines	<input type="checkbox"/> H. Radio	<input type="checkbox"/>

Others, please specify _____

4. What did you learn from the above selected source (s)?

7. (i). Do you have diabetes?

Yes *

No

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

_____yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

(iv). Where is your diabetes controlled?

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

8. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

No

5. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

No

(ii). If **yes**, how many members in your family have diabetes?

6. According to you, what is **Diabetes**?

_____ Your blood sugar increase _____

11. What are the signs and symptoms of **Diabetes**?

12. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

13. Name the common drugs (medication) taken to treat **Diabetes**?

14. How can you prevent yourself from **Diabetes**?

Others, please specify _____

6. What did you learn from the above selected source (s)?

9. (i). Do you have diabetes?

Yes

No *

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

_____yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

(iv). Where is your diabetes controlled?

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

10. Has any doctor told you that you can get diabetes only during some of your pregnancies? (**ONLY FOR WOMEN**)

Yes

No *

7. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes

No *

(ii). If **yes**, how many members in your family have diabetes?

6. According to you, what is **Diabetes**?

_____ **Diabetes is not a disease (contagieuse)**

15. What are the signs and symptoms of **Diabetes**?

16. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

17. Name the common drugs (medication) taken to treat **Diabetes**?

18. How can you prevent yourself from **Diabetes**?

_____ **By exercise**

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Research team

Tick in the appropriate box (es)

Serial No: 5

Section A: Personal Profile

Sex: Male Female

iv. Age: 40 years

Marital Status: Married Single Divorced

xii. Religion/Ethnic Group:

Islam

xiii. Where do you live? P-Louis

xiv. Occupation: Teacher

viii. Highest Qualification you have:

HSC

ix. Highest Qualification your parent(s) or guardian (s) have:

CPE

Section B: Diabetes

1. Have you ever heard about **Diabetes**?

Yes No

2. From which of the following sources, have you heard/learnt about **Diabetes**?

- | | | | |
|---|-------------------------------------|---|-------------------------------------|
| <input checked="" type="checkbox"/> A. Parents | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> E. Television | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> B. Friends | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> F. Internet | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> C. Relatives | <input type="checkbox"/> | <input type="checkbox"/> G. School textbook | <input type="checkbox"/> |
| <input type="checkbox"/> D. Newspaper/Magazines | <input type="checkbox"/> | <input type="checkbox"/> H. Radio | <input type="checkbox"/> |

Others, please specify _____

8. What did you learn from the above selected source (s)?

____ **People having the disease, and how to avoid.** _____

11. (i). Do you have diabetes?

Yes

No *

(ii). If **yes**, how old were you when doctors/parents told you that you have diabetes?

_____ **yrs**

(iii). What treatment or medical recommendation have you been prescribed for diabetes or to lower the blood sugar?

(iv). Where is your diabetes controlled?

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

12. Has any doctor told you that you can get diabetes only during some of your pregnancies? **(ONLY FOR WOMEN)**

Yes *

No

9. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes *

No

(ii). If **yes**, how many members in your family have diabetes?

6. According to you, what is **Diabetes**?

____ High level of sugar in the blood

19. What are the signs and symptoms of **Diabetes**?

____ Scratching, fatigue, thirst

20. Name the common laboratory tests that are carried out to confirm **Diabetes** in a person.

____ Pharmacies or laboratories _____

21. Name the common drugs (medication) taken to treat **Diabetes**?

22. How can you prevent yourself from **Diabetes**?

____ Control food, exercise, avoid sweets
